

Adult Traumatic Brain Injury (TBI): Integrating TBI Education Into the Curricula, Creating a More Prepared Social Service System

Purpose

Traumatic brain injury (TBI) has a tremendous impact on human productivity and is a major cost to society. People with a history of TBI and needing treatment services and support face additional challenges to both their independence and receipt of assistance. This project intends to train all Social Workers at OSU with the core competencies to identify and accommodate for disability due to TBI, and to replicate this model on a Statewide and National level.

Impact

We will raise the awareness of future professionals attending the OSU College of Social Work as well as other Social Work training programs in Ohio.

We will provide these students with new skills for identification and accommodation of TBI and associated Executive function weaknesses.

We will develop a plan for replication of this model in the curricula of other health and social service professionals throughout Ohio and across the nation.

Ohio State Colleges/Units Involved

College of Medicine
College of Social Work

Community Partners Involved

Brain Injury Association of Ohio
National Association of Social Workers
Ohio Chapter BrainLine at WETA
Give an Hour

Accommodating the Symptoms of TBI

Presented by:

Ohio Valley Center for Brain Injury Prevention and Rehabilitation

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THE OHIO STATE
UNIVERSITY

Name: _____ Current Age: _____ Interviewer Initials: _____ Date: _____

Ohio State University TBI Identification Method — Interview Form

Step 1

Ask questions 1-5 below. Record the Cause of each reported injury and any details provided spontaneously in the Chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

I am going to ask you about injuries to your head or neck that you may have had anytime in your life.

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

☐ No ☐ Yes—Record cause in chart

2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV?

☐ No ☐ Yes—Record cause in chart

3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

☐ No ☐ Yes—Record cause in chart

4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?

☐ No ☐ Yes—Record cause in chart

5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.

☐ No ☐ Yes—Record cause in chart

Interviewer Instruction:
If the answers to any of the above questions are "yes," go to Step 2. If the answers to all of the above questions are "no," then proceed to Step 3.

Step 2

Interviewer Instruction: If the answer is "yes" to any of the questions in Step 1 ask the following additional questions about each reported injury and add details to the Chart below.

Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

Step 3

Interviewer Instruction: Ask the following questions to help identify a history that may include multiple mild TBIs and complete the Chart below.

Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)?

If yes, what was the typical or usual effect—were you knocked out (Loss of Consciousness - LOC)?

If no, were you dazed or did you have a gap in your memory from the injury?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began? Ended?

Step 1	Step 2				Dazed/Mem Gap		Age
Cause	No LOC	< 30 min	30 min-24 hrs	> 24 hrs	Yes	No	

If more injuries with LOC: How many? _____ Longest knocked out? _____ How many > 30 mins? _____ Youngest age? _____

Step 3	Typical Effect		Most Severe Effect			Age		
Cause of repeated Injury	Dazed/ memory gap, no LOC	LOC	Dazed/ memory gap, no LOC	LOC < 30 min	LOC 30 min - 24 hrs	LOC > 24 hrs	Began	Ended

Adapted with permission from the Ohio State University TBI Identification Method (Corrigan, J.D., Bogner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. J Head Trauma Rehabil, 22(6):318-329. © Reserved 2007, The Ohio Valley Center for Brain Injury Prevention and Rehabilitation

Traumatic Brain Injury Identification Method

A Tool for Health Care and Social Service Professionals



Wexner Medical Center

Ohio Valley Center for Brain Injury Prevention and Rehabilitation
Department of Physical Medicine and Rehabilitation
The Ohio State University



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